PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

501007-A-01-US

| | | CLAIMS AS | Column | | - | mn 2) | | SMALL EN | ITITY | OR | OTHER SMALL | | |
|-------------------------|--|--|------------------------------------|----------------------|--------------------------------|--------------------------------------|-----|---------------------|---------------------------------------|---------------|---------------------------------|------------------------|--|
| TC | TAL CLAIMS | | _30 | | | | | RATE | FEE | | RATE | FEE | |
| FO | R | | NUMBER F | ILED | NUMB | ER EXTRA | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 30 minus 20= | | * 10 | | | X\$ 9= | | OR | X\$18= | 180 | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | * 0 | | | X42= | | OR | X84= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PR | RESENT | | | | | +140= | | OR | +280= | | |
| * If | the difference | in column 1 is | less than ze | ro, ente | r "0" in c | column 2 | | TOTAL | | OR | TOTAL | 9.20 | |
| | Ø c | LAIMS AS A (Column 1) | MENDED | (Colu | mn 2) | (Column 3) | | SMALL | ENTITY | OR | OTHER SMALL I | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | IBER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 30 | Minus | ** (| 30 | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * 2 | Minus | *** | <u> </u> | | | X42= | | OR | X84= | | |
| <u> </u> | FIRST PRESE | NTATION OF MI | JLTIPLE DEP | ENDEN | CLAIM | إسا | ן נ | +140= | | OR | +280= | | |
| | | | | | | | 1 | TOTAL | | OR | TOTAL | | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | | | ADDIT. FEE | -/- | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST HBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | T CL AIRA | = | 41 | X42= | | OR | X84= | | |
| _ | | NTATION OF MI | | | | | _ | +140≃ | | OR | +280= | | |
| BEST AVAILABLE COPY | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | | mn 2) | (Column 3) |) | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREV | HEST MBER IOUSLY OFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | 1 | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = |] | X42= | ··· · · · · · · · · · · · · · · · · · | Ì | X84= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDEN | T CLAIN | 1 🔲 |] | | | OR | | | |
| * | If the entry in colu | mn 1 is less than t | he entry in colu | mn 2 wri | te "0" in c | olumn 3 | | +140= | | OR | +280= | | |
| ** | If the "Highest Nu If the "Highest Nu | mber Previously Panber Previously Panber Previously Panber Previously Pa | aid For" IN THI aid For" IN THI | S SPACE S SPACE | is less that is less th | an 20, enter "20 an 3, enter "3." | · ' | TOTAL ADDIT. FEE | propriate bo | OR x in co | TOTAL ADDIT. FEE olumn 1. | | |

NOTICE OF FEE DUE

| DATE: | 02-11-02 | | | 0/036 | | | | | |
|--|--|---------------------|------------------|-------------|--|--|--|--|--|
| TO: | utility | | | 5 5 5 | | | | | |
| FROM: | Office of Initial Patent Examination | on | : | : | | | | | |
| SUBJECT | : Fee Due | | 9, | | | | | | |
| APPLICA | TION NUMBER: 1003864 | <u>tl</u> | | | | | | | |
| A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency. | | | | | | | | | |
| □ Insuff | ficient fee by check | | | | | | | | |
| Insuff | ficient funds in deposit account | | | ŕ | | | | | |
| □ Decli | ned credit card | | | | | | | | |
| □ Non | authorization for charge to deposit | account | | | | | | | |
| □ No f | ee submitted per requirement | | | | | | | | |
| | , . | ×. | 0 | | | | | | |
| The co | rrect fee code: | amount | \$ | | | | | | |
| The su | spended fee code: 197 | amount | - \$ | | | | | | |
| Fee D | ue | amount | =\$ | | | | | | |
| If you l | nave any questions, please contact C r Kurtz at 703-308-3642. | Cynthia Streater at | 1703-306-5430 or | | | | | | |
| Tarmir | nal Operator Robel | | | | | | | | |